

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application No.:

10/630,227

Group:

1647

Filed:

July 30, 2003

Examiner:

Shafer, Shulamith H.

Confirmation No.:

8291

For:

TRANS-CAPSULAR ADMINISTRATION OF HIGH SPECIFICITY

CYTOKINE INHIBITORS INTO ORTHOPEDIC JOINTS

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

rademark Office on: 4-4-2006

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\$ignature

Amy Comeau

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

OTHER THAN

The claims fee has been calculated as shown below:

								SMAL.	L EI	NTITY			SMALI	JEN	ATITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREVIOUS PAID FO	SLY	PRESENT EXTRA		R	АТЕ		ADDIT. FEE	<u>OR</u>	R	ATE		ADDIT. FEE
TOTAL	89	MINUS	* 83		6		x	\$ 25	\$			х	\$50	\$	300
INDEP	5	MINUS	** 4	ļ	1		х	\$100	\$			Х	\$200	\$	200
	FIRST PRESENT	ATION O	F MULTIPL	E DE	P. CLAIM		+	\$180	\$			+	\$360	\$	
* not fewer than 20 ** not fewer than 3						_	то	TAL=	\$_	0	=	TC	TAL=	\$ =	500

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

1.01		No. of	SMALL ENTITY			OTHE: SMALL			
Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	Additional Units Required (Increments of 50 sheets)	Rate	Total Amount Owed		Rate	Total Amount Owed	Payment Sufficient for up to	
		Jo dilicate)	X \$125	\$ []		X \$250	\$[]	[] Sheets	

Petition for Extension of Time

[]	Applicant hereby petitions to extend the time to respond to the [] dated [month(s) from [] to []. The appropriate fee is set forth below.] for []
[]	[For action-specific language in an extension of time, go to insert, file, public templates, and select the appropriate paragraph.]	folders,	firm

Please ch	arge Deposit Account	No. 08-0380 for the following fees:		
[]	Petition for [] month Extension of Time	\$	
[]	Claims Fee		\$	
[]	Application Size Fee		\$	
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		And the second s	_ \$	
			_ \$	
		TOTAL:	\$	0
A check	is enclosed in payment	t of the following fees:		
[]	Petition for [] month Extension of Time	\$	
[X]	Claims Fee		\$	500.00
[]	Application Size Fee		\$	
[]	Other Fees:			
			_ \$	w
			_ \$	
		TOTAL:	\$	500
ma	ease charge any deficien tter to Deposit Account poses.	cy or credit any overpayment in the fees that may be No. 08-0380. A copy of this letter is enclosed for a	due in t	his ng
		Respectfully submitted,		
		HAMILTON, BROOK, SMITH & REYNOLDS	, P.C.	
		By Dudw E. Sanders Deirdre E. Sanders Registration No.: 42,122 Telephone (978) 341-0036 Facsimile (978) 341-0136		
Concord,	Massachusetts 01742-9	133		

Concord, Massachusetts 01742-9133
Dated: April 4 2006